

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No				
COMMI	TTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	Check if this is a new name			
Thomas & Kenley				
2. Acronym or Abbreviated Name (if any)	3. Comi	mittee Telephone Number	7 1-1	
Tom'	(31	1 176 -	2174	
4. Mailing Address (address where all campaign finance correspondent	ce is received)	s is a new address		
19517 Jena Drive				
5. City, State, ZIP Code		Affiliation (if applicable)		
Noblesville, IN 46062		Publican		
	ON (For Candidate's Committee		t Candidate	
7. Full Name of Candidate (include any nickname)	I D	Affiliation or If Independen		
9. Office Sought (Include district number, if any. Not required for exp.		PUDLICAY	<u> </u>	
		amilton		
Noblesville Two Havisory E	boara 11		N CANDIDATES ONLY	
11. Check one:		Check one:		
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	ention	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasure) Post-Con	vention	
12. Reporting Period;		COLUMN A	COLUMN B	
From: 4-10 -2010 Through: 10	-08 - 2010	This Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting p	_	O		
14. Cash on hand and investments January 1, current year.			0	
CONTRIBUTIONS AND RECEIP	TS		and the second second	
(Note: these amounts include in-kind contributions and loans, as well	as cash contributions.)		(70 0	
15a. Itemized (use Schedule A)		500	500	
15b. Unitemized		0	0	
15c. Add lines 15a and 15b in both columns	SUBTOTAL	500	500	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column	B TOTAL	500	300	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayme	nts.)	<i>-</i>	(-0.6)	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		500	500	
17b. Uniternized	SUBTOTAL	500	500	
17c. Add lines 17a and 17b in both columns			300	
18. Cash on hand and investments at close of this reporting period (subtract 17c	from 16 in both columns) TOTAL	ZERO 600		
19. Debts OWED BY the committee (use Schedule D)		STRUCOURTS		
20. Debts OWED TO the committee (use Schedule E)		1L)	7 200	
RTIFICAT			OR OFFICE USE ONLY	
	NOWLEDGE AND BELIEF IT IS TRUE. COR		1 1- 00 010Z	
Signa Title		Date 10-4-2010		
Signa	VO, DATE	Date		
		10-4-2010	* I T Homelean	
	sed for any commercial purpose (IC 3-9-4-5			
files a person who fails to file a complete or accurate report as required by the Indiana Campa 4) and may be subject to civil penalties. (IC 3-9-4-16 IC 3-9-4-17 IC 3-9-4-18)				



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this scnedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
	Contributions:			
Howard A Kenley TIT	Direct			
Howard A. Kenley III 102 Harbour Trees Lane Noblesuille, IN 46062	In-Kind (describe)			4-15-2010
- L Harbour Trees Lane				, , , , , ,
Noblewille Tour	Other Receipts: Interest Loan		}	
1400130111, IN 96062	Misc. (specify)			
		\$500	#500	
Contributor's Occupation (if required)		4700	7300	
2.	Contributions:			
	In-Kind (describe)			
	in tane (decorate)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	Direct			
	n-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	Direct			
	In-Kind (describe)	1		1
	Other Receipts:			
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct		}	}
	In-Kind (describe)			
			}	
	Other Receipts		{	
	Interest Loan		1	
	Misc. (specify)			
Contributor's Occupation (if required)				
	THIS BACE OF COUEDING A	6 (00		
<u></u>	THIS PAGE OF SCHEDULE A	\$ 500		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	M 15a of the Summary Sheet)	\$ 500		



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER			
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
The Times Noblesville, IN 46060	News paper	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose	325	<u>3</u> 25	4-22-10
Noblesville to 46060	Newspaper	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	50		5-26-10
INDIANA NEWS Papers 'THE STAR'	News paper	☐ Direct ☐ In-Kind☐ Payment of Debt☐ Returned Contribution☐ Other☐ Purpose:	125	125	4-22-10
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Paymen: of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL PA	SUBTOTAL THIS PAC		s 500		